



**ADDITIONAL ADDRESS FORM**  
 (Complete Only If Necessary)

(PLEASE PRINT OR TYPE)

**FOR OFFICE  
 USE ONLY**

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**LEGAL BUSINESS NAME:**

ADDITIONAL MAILING ADDRESS (Please identify tax type(s) to be mailed to the address below.)

- |                                      |                                      |   |
|--------------------------------------|--------------------------------------|---|
| <input type="checkbox"/> Sales & Use | <input type="checkbox"/> Withholding | <input type="checkbox"/> Alcohol                |
| <input type="checkbox"/> Tobacco     | <input type="checkbox"/> Amusement   | <input type="checkbox"/> Motor Fuel Distributor |

ADDRESSEE (C/O) (If different from or in addition to the Legal Business Name) E-MAIL ADDRESS

NUMBER AND STREET, P. O. BOX, RFD NO. FAX NUMBER

|      |       |     |        |         |              |
|------|-------|-----|--------|---------|--------------|
| CITY | STATE | ZIP | COUNTY | COUNTRY | PHONE NUMBER |
|      |       |     |        |         | ( )          |

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- |                                      |                                      |   |
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|      |       |     |        |         | ( )          |

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NUMBER AND STREET, P. O. BOX, RFD NO.

|      |       |     |        |         |              |
|------|-------|-----|--------|---------|--------------|
| CITY | STATE | ZIP | COUNTY | COUNTRY | PHONE NUMBER |
|      |       |     |        |         | ( )          |

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|      |       |     |        |         |              |
|------|-------|-----|--------|---------|--------------|
| CITY | STATE | ZIP | COUNTY | COUNTRY | PHONE NUMBER |
|      |       |     |        |         | ( )          |

**SIGNATURE SECTION**

I HAVE EXAMINED THIS FORM, AND TO THE BEST OF MY KNOWLEDGE IT IS TRUE AND CORRECT.

Signature

Title

Date

(MUST BE SIGNED BY OWNER, PARTNER, OR CORPORATE OFFICER AS LISTED IN THE RELATIONSHIP SECTION ABOVE.)